

Exhibit B1**Subcontractor Project Specific Questionnaire**

929 West Adams Street, Chicago, IL 60607
 Phone: 312.563.5400 Fax: 312.429.0651



Complete this form (adding attachments as needed) to provide a basis for evaluation of your firm's qualifications.

Subcontractors / Vendors / Service Providers (referred to herein as the "Firm") should complete this Supplemental Subcontractor Qualification Questionnaire ("Supplemental Questionnaire") as requested by us (referred to herein as the "Company"). Unlike our Questionnaire, which is valid for a period of one (1) year, this Supplemental Questionnaire is project specific must be completed for each project, as requested, along with other requested documents. Information provided herein will be used in conjunction with that already provided in Firm's valid Questionnaire, already on file.

1. General Information:

Business Entity Name (the "Firm"): _____

Tax ID #: _____

PROJECT SPECIFIC INFORMATION

Information herewith related to the Firm's proposal on the following project:

Project Name: _____

2. Will Firm provide own, onsite fulltime Foreman and/or Superintendent to actively manage the work (Y/N): _____

3. Is there any equipment that the Firm does not own but is needed to perform its work (Y/N): _____

If "YES", explain below:

Equipment Needed, But Not Owned	How Will Firm Obtain Equip	Reason Equip Needed

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4. Will Firm subcontract any portion of the work to another entity (Y/N): _____

If "YES", explain below:

Scope To Be Subcontracted	Reason For Subcontracting	Anticipated % Of Contract Value	Type of Entity Subcontracting To (DBE, Non-DBE, etc.)

5. If Firm is a **Supplier, Dealer, Manufacturer Representative, Broker**, or otherwise provides goods, materials, supplies, or equipment but does not provide labor on the project site:

a. For purposes of this Supplemental Questionnaire, Firm is (check ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Manufacturer's Non-Exclusive Representative |
| <input type="checkbox"/> Regular Dealer | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Packager |
| <input type="checkbox"/> Manufacturer's Exclusive Representative | |

☐ Other, please explain: _____

b. If the Firm has a warehouse, please provide the address: _____

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c. For the procurement of goods, materials, supplies, or equipment, Firm will (check ALL that apply):

- ☐ Negotiate price and terms with manufacturers ☐ Ship from warehouse to jobsite
- ☐ Manage the order(s) ☐ Ship from manufacturer to jobsite directly
- ☐ Store order(s)
- ☐ Ship from manufacturer to Firm warehouse or storage facility
- ☐ Pay for goods, materials, supplies, or equipment out of company's own funds

6. If Firm is a **Trucking** company and will provide trucking services:

- a. Will Firm be responsible for the management and supervision of the entire trucking operation (Y/N): _____
- b. Firm owns _____ (qty-each) trucks.
- c. Firm can furnish proof of title, registration, and insurance for all trucks owned and used on a project upon award (Y/N): _____
- d. Will Firm lease trucks from another entity (Y/N): _____ If "YES", explain below:

Qty of Trucks To Be Leased	Owner of Leased Trucks (Company Name)	Type of Entity Subcontracting To (DBE, Non-DBE, etc.)

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7. If Firm is a technical **services, consultant, or professional services** company:

a. Describe services Firm intends to provide:

- ☐ Scheduling ☐ Logistics ☐ Surveying ☐ Engineering
☐ Reproduction ☐ Expediting ☐ Consulting ☐ Testing / Inspections
☐ Other (Explain): _____

b. Will Firm use own labor to provide services(Y/N): _____

8. Financials: Attach an Audited Financial Statement (if an Audited Financial Statement is not available, provide an un-audited Financial Statement).

9. Credit: What would cost be to provide a letter of credit for 25% of the contract amount: \$ _____

10. For your Firm's valid Subcontractor Qualification Questionnaire already on file, dated _____

has any information changed, or will change for the purpose of this particular project (Y/N): _____

If "YES", what has changed: _____

VERIFICATION

I _____, being duly sworn, an employee and Officer of
_____, depose and say: as of the execution date of this
Supplemental Subcontractor Qualification Questionnaire, the information contained herein is accurate and complete.

Officer Name (Print): _____ Title: _____

Officer Signature: _____ Date: _____